



Department of Defense INSTRUCTION

NUMBER 6000.11

May 21, 1993

ASD(HA)

SUBJECT: Medical Regulating

- References:
- (a) DoD Directive 5154.6, "Armed Services Medical Regulating," April 29, 1993
 - (b) Public Law 97-174, "Veterans Administration and Department of Defense (VA and DOD) Health Resources Sharing and Emergency Operations Act," May 4, 1982 (38 U.S.C. 8110 *et seq.*)
 - (c) Public Law 100-180, "Transportation on Department of Defense Aeromedical Evacuation Aircraft of Certain Veterans Administration Beneficiaries," December 4, 1987 (10 U.S.C. 264)
 - (d) Veterans Administration-Department of Defense Contingency Planning (National Plan), May 1983
 - (e) Memorandum of Understanding Between the Department of Defense and the Veterans Administration, Referral of Active Duty Patients to Veterans Administration Medical Facilities," June 10, 1986
 - (f) Chapter 55 of title 10, United States Code

1. PURPOSE

This Instruction implements reference (a) to further detail policy, responsibilities, and procedures for Armed Services medical regulating, during peacetime and contingency (both military and civilian) operations.

2. APPLICABILITY AND SCOPE

This Instruction applies to:

- 2.1. The Office of the Secretary of Defense, the Military Departments (including their National Guard and Reserve components), the Chairman of the Joint Chiefs of

Staff and the Joint Staff, the Unified and Specified Commands, the Defense Agencies (hereafter referred to collectively as "the DoD Components"), the Commissioned Corps of the U.S. Public Health Service (USPHS), and the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard (by agreement with the Department of Transportation when it is not operating under the Department of the Navy).

2.2. Under mutual agreement, the Office of the Secretary of Veterans Affairs (VA).

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 1.

4. POLICY

It is DoD policy that:

4.1. Uniformed Services patients shall be regulated to the closest military medical treatment facility (MTF) with the capability to provide the required medical care. Exceptions to this policy may be made by the Director, Armed Services Medical Regulating Office (ASMRO), or the appropriate theater Surgeon of a geographic Unified Command based on policy guidance furnished by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)). The information support systems (ISS) supporting these decisions should be able to handle exception decisions. When clinical issues are unclear the Director, ASMRO, shall contact the appropriate Military Service consultant for assistance.

4.2. The medical capability and bed availability information released by the respective theater Joint Medical Regulating Office and/or surgeon or Military Services, for use by the Commander in Chief, United States Transportation Command (USCINC-TRANS), should be based on consistent and standardized criteria, prescribed for use by the various commands in reporting their current and projected total capacity, capacity in use, reserve capacity for contingencies, and capacity available. This will allow ISS to support overall integration of capacity assessment and management of patient flows.

4.3. The ASMRO shall serve as the regulating Agency for, and coordinate with

the VA, in accordance with Pub. L. No. 97-174 (1982), Pub. L. No. 100-180 (1987), the "National Plan," and the MOU (references (b) through (e)), for the transfer of patients to and from the VA MTFs. When clinical issues are unclear the Director, ASMRO, shall contact the appropriate VA consultant for assistance.

4.4. The ASMRO shall serve as the medical regulating Agency for the National Disaster Medical System.

4.5. ISS shall be developed and managed consistent with DoD ISS life-cycle management guidance. An integrated management approach should be sought for ISS support of medical regulating and casualty management to maximize provision of end-to-end personnel tracking. The DoD goal is to have a single overall system that ties together patient accountability in field or fixed MTFs and in transit (i.e., during medical evacuation and supporting intra- and intertheater regulating, in peacetime and contingency).

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense (Health Affairs) shall issue additional instructions as necessary to implement DoD Directive 5154.6 (reference (a)) and this Instruction.

5.2. The Heads of the DoD Components and the Heads of the Uniformed Services shall:

5.2.1. Provide the USCINCTrans with the information required to perform the United States Transportation Command and the ASMRO medical regulating functions and responsibilities.

5.2.2. Comply with the standardized implementation of policy, procedures, and ISS designated by the USCINCTrans for intertheater medical regulating.

5.2.3. Assign Uniformed Services' members and civilian personnel necessary to accomplish the USTRANSCOM and the ASMRO medical regulating mission.

5.2.4. Designate, as appropriate, a point of contact to provide technical coordination and liaison to the Director, ASMRO, on patient regulating.

5.3. The Secretary of Veterans Affairs shall:

5.3.1. Provide information and assistance to the USCINCTrans and the Director, ASMRO, as required.

5.3.2. Direct that the VA should assign a full-time liaison officer to the USTRANSCOM Surgeon to provide assistance on the regulating and movement of patients to and from the VA MTFs.

5.4. The Commander in Chief, United States Transportation Command, shall:

5.4.1. In coordination with the ASD(HA) and the Assistant Secretary of Defense (Force Management & Personnel), establish a global network system to assist in the command and control of intertheater medical regulating and aeromedical evacuation (AE) and offer in-transit visibility of Uniformed Services' patients in both peace and contingency (military and civilian) operations. That system shall integrate the processes and ISS for medical regulating, the assignment of AE aircraft, and the assignment of AE medical crews and equipment to aid in the seamless intertheater movement of patients. That centralized global system shall include the CONUS and other active theaters and shall offer decentralized execution, to the supported geographic Unified and Specified Commands, in both peacetime and contingency (military and civilian) operations.

5.4.2. In coordination with the appropriate Military Service or VA consultant, be responsible to make decisions and assist the Director, ASMRO, with clinical issues requiring clarification. The USTRANSCOM shall maintain liaison and provide staff assistance with the supported CINCs and the theater JMROs.

5.4.3. Acquire and train teams of drilling Reservists that can deploy in contingency operations to augment the JMROs of the supported geographic Unified Commands and Specified Commands. Those teams shall assist with the intertheater medical regulating mission and can serve as trained cadres for the JMROs without full-time active duty staffs.

5.4.4. Coordinate and offer training in intertheater medical regulating procedures and ISS to the joint medical and the Service casualty affairs communities.

5.4.5. Conduct medical regulating activities, in accordance with the policies in DoD Directive 5154.6 (reference (a)) and this Instruction.

5.4.6. Perform all functions, responsibilities, and services required to ensure the efficient medical regulating of patients to and within the CONUS.

5.4.7. Ensure that the Director, ASMRO, shall:

5.4.7.1. Conduct medical regulating activities, in accordance with the policies in reference (a) and in Instructions issued by the ASD(HA), including this Instruction. The Director, ASMRO, shall contact the appropriate Military Service or VA consultant for assistance when clinical issues are unclear.

5.4.7.2. Perform all functions, responsibilities, and services required to ensure the efficient medical regulating of patients to and in the CONUS.

5.4.7.3. Conduct staff assistance programs with the Uniformed Services MTFs.

5.4.7.4. Develop and maintain mobilization, continuity of operations, and contingency plans.

5.4.7.5. Perform any other functions assigned by the USCINCTRANS.

6. PROCEDURES

6.1. The ASMRO

6.1.1. The ASMRO is a joint office of the Army, the Navy, and the Air Force and shall consist of at least three Medical Service Corps officers (i.e., one each nominated by the Army, the Navy, and the Air Force). Other Uniformed Services members and civilian personnel may be assigned, when required, to accomplish its mission. ASMRO members shall carry out their assignments as their primary duty.

6.1.2. The Director, ASMRO, appointed by the USCINCTRANS, shall be one of the three Medical Service Corps officers referred to in paragraph 6.1.1., above. The other two officers shall serve as the Deputy Directors. The directorship shall be rotated among the Military Services. The Director, ASMRO, shall contact the appropriate Military Service or VA consultant for assistance when clinical issues are unclear.

6.1.3. ASMRO shall be organized to ensure that the policies established by the ASD(HA) and the plans, programs, standards, and procedures established by the Department of Defense, and the Chairman of the Joint Chiefs of Staff, are effectively administered.

6.2. Deployable Medical Regulating Teams

6.2.1. A minimum of three USTRANSCOM teams of deployable medical regulators shall be established. Each team shall consist of at least eight Category A unit Reservists and contain a tri-Service mix (i.e., the Army, the Navy, and the Air Force) of at least four Medical Service Corps officers and at least four medical department enlisted personnel.

6.2.2. Those teams shall be assigned to the USTRANSCOM Joint Transportation Reserve Unit, but shall be under the operational control of the respective theater Surgeon when deployed in support of a geographic Unified Command.

6.3. Coordination and Liaison

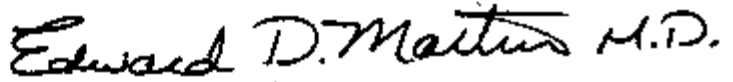
6.3.1. In performing assigned responsibilities, the USCINC-TRANS shall:

6.3.1.1. Coordinate actions with the other DoD Components having collateral, or related responsibilities, in medical regulating and patient transportation.

6.3.1.2. Maintain liaison with the DoD Components and other Governmental and non-Governmental Agencies to exchange information and advice on programs in medical regulating and patient transportation.

6.3.2. The Heads of the DoD Components shall coordinate with the USCINCTrans on all matters about intertheater and CONUS medical regulating and patient transportation.

7. EFFECTIVE DATE

A handwritten signature in cursive script that reads "Edward D. Martin M.D.".

Edward D. Martin, M.D.
Acting Assistant Secretary of Defense
(Health Affairs)

Enclosures - 1

1. Definitions

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. Information Support System (ISS). Methodologies as well as automated data processing hardware and software designed to store, track, and manage incoming and outgoing information, and/or aid in decision support.

E1.1.2. Intertheater Medical Regulating. A process that selects destination MTFs for Uniformed Services patients being medically evacuated between, into, and out of the different theaters of the geographic Unified Commands and the CONUS.

E1.1.3. In-Transit Visibility. The ability to locate and track, by name and/or unique identifier, individual patients being medically evacuated from point of origin to final destination, while in the aeromedical evacuation system.

E1.1.4. Intratheater Medical Regulating. A process that selects destination MTFs for Uniformed Services' patients being medically evacuated in the theater of a geographic Unified Command or in the CONUS.

E1.1.5. Uniformed Services. The Army, the Navy, the Air Force, the Marine Corps, the Coast Guard (including their National Guard and Reserve components), the Commissioned Corps of the U.S. Public Health Service, and the Commissioned Corps of the National Oceanic and Atmospheric Administration.

E1.1.6. Uniformed Services Patient.

E1.1.6.1. Members of a Uniformed Service performing active duty, active duty for training, or inactive duty for training.

E1.1.6.2. Members of a Uniformed Service who are receiving retired pay.

E1.1.6.3. A dependent of a member of a Uniformed Service on Active duty for more than 30 days, a dependent of a member who dies while performing active duty for more than 30 days, a dependent of a member receiving retired pay, or a dependent of a deceased retired member who is authorized medical care under Chapter 55 of 10 U.S.C. (reference (f)).

E1.1.6.4. Other categories of eligible beneficiaries who are in military medical channels, as authorized by the Secretaries of the Military Services concerned or the Secretary of Defense.